

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 850650

1. Entity Name

VISION'S EDGE, INC.

APPROVED
AND
FILED

OCT -1 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2709 ALLEN ROAD

Suite, Apt. #, etc.

3. Mailing Address

2709 ALLEN ROAD

Suite, Apt. #, etc.

REINSTATEMENT 2003

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

4. FEI Number

59-3065919

Applied For

Not Applicable

Zip

32312

Country

USA

Zip

32312

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DACQUES VIKER

Street Address (P.O. Box Number is Not Acceptable)

3502 LIMERICK DRIVE

City

TALLAHASSEE

FL

Zip Code

32309

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE DACQUES VIKER

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

10/1/03

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DPC

DACQUES VIKER

3502 LIMERICK DRIVE

TALLAHASSEE FL 32309

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

500024263235

10/30/03--01004--008 **550.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DACQUES VIKER

Date

10/1/03

Daytime Phone #

800-386-4573

CR2E034B (12/01)

October 1, 2003

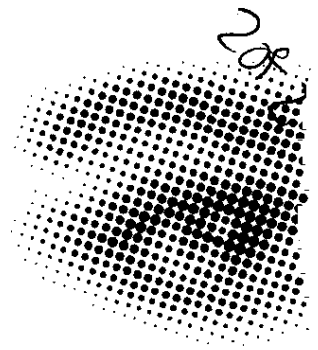
Division of Corporations
Corporation Reinstatement

I understand that I filed my company's (Vision's Edge, Inc.) UBR late for the year 2003. However, I never received notice that the payment was rejected, nor did I receive notice that the corporation's filing fees were late. Due to this lack of notice, the corporation has been administratively dissolved. Had I realized that the fees were not filed, I would have paid them to keep the corporation active. I am enclosing a check for \$550 and asking that the reinstatement fee be waived. Please notify me as soon as possible if this is acceptable. If you have any questions, please contact me at 850-386-4573.

Sincerely,



Jacques Viker
President



Vision's Edge

3491-11 Thomasville Road
Suite 177

Tallahassee, FL 32308

Tel 850-386-4573

800-983-6337

Fax 850-386-2594

www.visionsedge.com

info@visionsedge.com

Vision's Edge